

Liability insurance

Before we can process your claim, we need you to provide additional details. We kindly ask you to complete the claim form, sign it and return it to us. You can also report your claim via www.iak.nl/service-en-contact/direct-regelen/schade-melden. Right-click on 'Schade melden' in the menu.

1 General data policyholder

Customer number	Date of birth	
_____	__ - __ - ____	
Surname	Initial(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
Street name	House number + Addition(s)	
_____	_____	
Postal code	Town	Country
_____	_____	_____
Telephone (landline)	Telephone (mobile)	
_____	_____	
Email address	Bank account (IBAN)	
_____	_____	
<input type="checkbox"/> I give Aon permission to use my email address to send me news and offers.		

2 General claim data

Claim file number	Date of incident	Time
_____	__ - __ - ____	_____
Address, city/town and country where the incident occurred		

What is the extent of the damage?	<input type="checkbox"/> Personal injury	<input type="checkbox"/> Material damages
In what capacity are you being held liable?	<input type="checkbox"/> Private	<input type="checkbox"/> Business

3 Data aggrieved party

Who is the aggrieved party?

Surname		Initial(s)	Date of birth
Street name		House number + Addition(s)	
Postal code	Town	Country	
Telephone (landline)		Telephone (mobile)	
Email address		Bank account (IBAN)	
What is your relationship with the aggrieved party?		Registration number motor vehicle (if applicable)	

Give a short and concise description of the nature of the injury and/or material damages.

Can you give an indication of the amount of the damages? _____

Are you being held liable by the aggrieved party?

Yes No

Is the aggrieved party insured for the damages?

Yes No

If so, what is the name of the insurance company? Policy number

Was the damage reported there?

Yes No

4 Data incident/accident

Was a police report or notification drafted?

Yes No

If so, at which police station?

Were there any witnesses?

Yes No

If so, can you state the names and addresses?

Did you cause damage with a vehicle?

Yes No

If so, which vehicle?

* Please supply a copy of the student registration if the damage is caused by a child that is studying and living away from home.

Which of your family members caused the damage?*

Surname	Initial(s)	Date of birth
_____	_____	____-____-____
Street name	House number + Addition(s)	
_____	_____	
Postal code	Town	Country
_____	_____	_____

Is the aggrieved party also liable? Yes No
If so, why and to what extent?

** Please provide the names and addresses of the other involved parties.

If the damage was caused (in part**) by your child, was there any supervision at the time of the incident? Yes No
If so, by whom?

Name	Address
_____	_____
Postal code	Town
_____	_____

Was the damage caused during sport/play/fighting? Yes No
 Was the aggrieved party taking part? Yes No
 Did the damage occur while performing professional activities (ancillary)? Yes No
 Was the damage caused by your household staff? Yes No
 Did you or the person causing the incident respectively have the damaged item in your possession for transport, processing, treatment, habitation, on loan, in use, for safekeeping or any other reason? Yes No

If so, please explain below.

How was the damage caused? Please provide as comprehensive a picture as possible of the incident/accident?

Sketch the situation on a separate sheet and add this as an attachment to this claim form. This may also be a photo or scan.

5 Additional data

If you have any additional details or particularities that you wish to report, please provide them below.

6 Signature

The undersigned declares

- to have answered the questions and provided the details below to the best of his/her knowledge, correctly and according to the truth, and to not have left out any particularities that are relevant to this claim;
- that this claim form and any additional data will be provided to the insurance company, in order to determine the scope of the claim and the right to payment;
- to have reviewed the content of this form;
- to be familiar with the statement that in case of misrepresentation of facts the right to payment will be cancelled partially or in full.

Aon uses the 'Gedragscode Verwerking Persoonsgegevens Financiële Instellingen'(Code of Conduct for the processing of personal data by financial institutes). Aon initially uses your data for the acceptance procedure. After the insurance contract has been determined, processing will take place to ensure an efficient and effective business operation. Aon has access to your data at the Stichting CIS in Zeist. The aim is to minimise risks and to prevent fraud. The privacy regulations of the Stichting CIS apply, refer to stichtingcis.nl.

Surname

Initial(s)

Town/city

Signature policyholder:

Date: ____ - ____ - ____

Where to send this form?

Please send the completed form by email to: **schade.iak@one-uw.nl**.

Or send it by regular mail to:

Aon Nederland C.V., t.a.v. Schadeservice PSP, Postbus 90165, 5600 RV Eindhoven.